

THE CLEVELAND MUSEUM OF ART
FORTY-SIXTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 6 to JUNE 14 1964

Born in Cleveland ☐ YES ☒ NO

F C I A

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____

Artist _____

MORTON

GROSSMAN

FIRST NAME

LAST NAME

Address _____

2255 BELLFIELD CLEVE. HTS.

CUYAHOGA

Tel. 932-2229

NO.

STREET

CITY

ZIP CODE

COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
		\$275	LABYRINTH	SUMI INK	3	1552 A
		\$375 (375)	COAST PIECE	WATERCOLOR	2	1553 R
		350				

SUBMIT ENTRY BLANK NO LATER THAN MARCH 9, 1964.

This entry blank must be fully made out (typewritten or plainly lettered) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1964.

It is also understood that accepted entries will remain on exhibition until June 14, 1964.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

PAID MAR 11 1964

SIGNATURE

THE CLEVELAND MUSEUM OF ART
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MAY 6 to JUNE 14, 1964

Name _____

FIRST

LAST

TITLE	CLASS	JUROR'S MARK	
		ACCEPT-ED	REJECT-ED
LABYRINTH	3	1552 A	
COAST PIECE	2	1553 R	
MAY 12 1964			

PLEASE FILL OUT ALL BLANKS ABOVE.
DO NOT DETACH FROM ENTRY BLANK.

DO NOT WRITE
IN THIS SECTION

This card will serve as your notification of acceptance and rejection and will be mailed to you by the Museum. You must present it to pick up rejected and accepted entries. RETURN DATES: Monday through Saturday 9 a.m. - 4:45 p.m. at Museum Service Entrance. REJECTED: May 9-23. ACCEPTED: June 19-July 4.